

# Aide Training Sponsorship

## Program Manual



Health Occupations Credentialing  
Bureau of Child Care and Health Facilities  
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## AIDE TRAINING SPONSORSHIP PROGRAM

The Health Occupations Credentialing Unit of the Kansas Department of Health and Environment is committed to insuring the quality of nurse, home health, and medication aide courses offered in the state of Kansas.

Health Occupations Credentialing<sup>1</sup> will approve sponsorship of aide training programs based on a thorough analysis of the application to best determine the sponsor's capacity to offer quality aide training programs over a two year period.

Sponsorship is also an option under different criteria for operator, social service designee, and activity director courses. Please contact Dolores Staab, (785) 296-6796 or email [dstaab@kdheks.gov](mailto:dstaab@kdheks.gov), for information.

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<sup>1</sup>Throughout the remainder of this manual, the Health Occupations Credentialing Unit of the Kansas Department of Health and Environment is referred to as the "department." References to other state or federal agencies will be duly specified.

## GUIDELINES FOR PARTICIPANTS

### **Eligibility**

Any Kansas training facility that has offered six or more Certified Nurse Aide (CNA), CNA Refresher, Home Health Aide (HHA), Certified Medication Aide (CMA), or CMA Update training courses in a two year period and meets the regulatory requirements for being a sponsor depending upon course type, respectively, may apply for a two year sponsorship.

### **Designated Program Coordinator**

Each Kansas nursing home or training facility desiring to apply for sponsorship status must designate one person, who will be referred to as the "Program Coordinator," to be responsible for administering all requirements and outcomes of the sponsorship program.

The licensing agency must be notified in writing of any staff change involving the program coordinator, including a new signature page from the sponsorship application.

## GUIDELINES FOR PROGRAM COORDINATORS

### Application

1. A two year sponsorship status will be granted upon approval. At the end of the two years, your program will be evaluated to determine if all requirements have been successfully met. Renewal may be granted for two years upon approval.
2. The program coordinator will be asked to attest that all instructors meet regulatory requirements depending on course type. The instructor must be approved for the course type and must have current licensure. The Guidelines for Instructors appear on page 4. Inform the approved instructor(s) of the required responsibilities. A signed copy of the Instructor Responsibilities Agreement form (Appendix II) must be on file at the sponsoring facility.
3. The program coordinator will be asked to attest that any training site scheduled for clinical instruction has not had a ban on training as required under state and federal regulations (see Appendix VI).
4. Submit the sponsorship application (Appendix I) at least 30 days prior to the requested starting date of the two year sponsorship period.

Submit the renewal application (Appendix I) at least 30 days prior to the requested starting date of the sponsorship renewal period.

### Course Delivery

1. Assure that the instructor has the current curriculum guidelines and instructor manual and has an opportunity to ask questions about the process.
2. Submit the Course Information sheet (Appendix III) at least one week prior to **each** course offered. Although one week is the required time, the sponsor may submit the Course Information Sheet earlier. This allows the department to tell interested parties of course availability.
3. Process for scheduling nurse aide and home health aide test:  
At the beginning of the course:
  - Send roster of names and social security numbers and special accommodations requests of eligible candidates to the testing site at the completion of the course. Include any applicable fees.
  - Send roster of names, copy of social security cards, certification application forms and certification fees to HOC first week of class.
  - Send "Approval to test letter" to students.At the end of the course submit the following to the test site:
  - Signed and completed roster form(s)
  - Special accommodations requests of eligible candidates
  - Test site fee
  - Instructor receives the approval to test notices from the test site and will copy and distribute to the students.

4. Assure that the current Curriculum Guidelines and state regulations for the appropriate course type(s) are followed.
5. Conduct an unscheduled visit at least once per approval period for each instructor to assure that the class is being effectively delivered. Use the Visit Log (Appendix V) to document the visit. If the coordinator is a course instructor, his or her supervisor is responsible for evaluating the instructor.
6. Notify the department in writing of any class or content changes.
7. Provide to the department on request the detailed teaching schedule for the course.

### **Sponsorship Course Outcomes**

1. Submit a Sponsorship Report (Appendix IV) for each two year period during the sponsorship program. The report will cover the course activity during that period and will be due within 30 days after the end of each two year period **or** should be mailed with the renewal application 30 days prior to the requested starting date of the sponsorship renewal period.
2. Provide a means for students to evaluate the course and instructor, and maintain proof that relevant comments and suggestions for improvement are considered and/or implemented. These forms may be viewed by the department during visits to the training program and/or requested to evaluate the program's quality assurance outcomes. Submit a copy of any evaluation forms used by students to evaluate instructors.

## GUIDELINES FOR INSTRUCTORS

1. Secure and maintain proper credentials as an approved instructor with the department. You will be issued a six digit Instructor Identification number if your licensure is in good standing with the state Board of Nursing and the department. If your license does not remain in good standing throughout the sponsorship period, the department must be notified. A **separate instructor approval** must be obtained for CNA, HHA, and CMA courses.
2. Assure that the current state Curriculum Guidelines, Instructor Manual, and regulations for each type of course being taught are followed. Audit procedures will be used by the department to assure that the appropriate course content is being delivered.
3. Design and submit to the program coordinator a detailed teaching schedule for each course to assure compliance with state and federal required training content.
4. Be on site and easily accessible to students during the hours of classroom and clinical instruction. If the approved instructor is a full-time staff member in the designated adult care home or hospital long term care facility where the course is to be taught, other staff must be designated to assume the instructor's regular staff duties during clinical hours.
5. Agree to not exceed the standard ratio as used by the Kansas State Board of Nursing of 10 students per instructor in a supervised clinical setting. **[Note:** The Kansas Medication Aide Sponsor and Instructor Manual states on page 3 that the department requires no more than 6 students per one instructor in the clinical setting.] Team instruction will be allowed to effectively manage a larger class in a clinical setting, provided that all instructors meet the appropriate requirements for the type of course they are teaching. All instructors must be listed on the course application and have other staff designated to assume their regular staff duties during clinical hours.
6. Provide to each student the original signed and dated skills checklist upon demonstration of all tasks and a certificate of completion for the Paid Nutrition Assistant portion of the course. Copies of the Competency Skills Checklist should be retained by the instructor. The checklists for each course are as follows: CNA - Competency Skills Checklist, HHA - Final Clinical Competency Skills Checklist, CMA - Medication Aide Clinical Evaluation.
7. Send roster of names and social security numbers and special accommodations requests of eligible CNA and HHA candidates to the testing site, including any applicable fees at the completion of the course. Send roster of names of CNA and HHA students, copy of social security cards, certification application forms and certification fees to HOC first week of class. Rosters, applications and certification fees for the 75-Hour CMA course should be sent after all students have taken the exam at the sponsoring school. For students who have successfully completed the

CMA continuing education course, submit the Medication Aide Continuing Education Instructor Roster and Renewal Application forms with the non-refundable fee.

8. Distribute the Approval to Test Notice to each CNA and HHA student who successfully completes the course requirements. Notify the department prior to the exam date of students who do not complete the course.

## REVIEW AND RENEWAL GUIDELINES

The department will review each approved training program for renewal at the end of each approved sponsorship period. The program renewal review shall include consideration of each of the following:

- 1) Any information required in the Guidelines for Program Coordinators and/or Guidelines for Program Instructors which has changed since the department granted initial program approval, or since the previous renewal of the program approval.
- 2) Compliance with 42 CFR 483.151(b)(2)(i - v) or 42 CFR 484.36 (a)(2)(A - G) which are outlined in Appendix VI.
- 3) On-site monitor visit report conducted by department staff.
- 4) Sponsorship report.

## PROGRAM MONITORING AND DENIAL, SUSPENSION, OR REVOCATION

The department will monitor the operation of approved aide training programs through on-site visits and other monitoring activities such as written inquiries, reviews of success rates on competency examinations, and questionnaires. Sponsorship denials are related to trends, outcomes or on individual case by case assessments.

### Application Denial

If the department finds that an application, along with additional information and revisions which are submitted, fails to comply with the program requirements, the department will notify the sponsor in writing of denial of program approval. The notice to the sponsor shall state the reason for the denial and the right of the sponsor to appeal the denial and to a hearing before the department.

A sponsorship application that lists as **sponsor** a home health agency or adult care home that has had training revoked under 42 CFR 483.151(b)(2)(i - v) or 42 CFR 484.36(a)(2)(A - G) will be denied. See Appendix VI for more information on withdrawal of training.

### Sponsorship Suspension/Revocation

When the department, upon evaluation or during monitoring, finds that an approved program does not comply with the program requirements, the department will notify the sponsor in writing of the finding of non-compliance of the program and reasons for the finding. The sponsor has 30 days from the date of issuance of the notice of non-compliance to correct all conditions listed in the non-compliance or face possible program suspension or revocation.

- 1) Approval shall be suspended when the program fails to substantially comply with the approved program plan during the operation of the program. Substantial failure to comply with the approved program plan includes program instruction being conducted contrary to the approved content, by an individual other than the approved instructor, or at a location other than the approved site or sites; starting courses without course approval by the department; failure to submit rosters in a timely manner; or failure to verify current licensure for the instructor.
- 2) The department will revoke approval if, during the two year period, the sponsor is an adult care home that fails to comply with the program requirements of 42 CFR 483.151(b)(2)(i - v), or a home health agency that fails to comply with the requirements of 42 CFR 484.36(a)(2)(A - G).
- 3) Approval shall be revoked if, during the sponsorship period, there are more than two occurrences of non-compliance. Criteria for non-compliance are listed under number one, above.
- 4) When the approval of a program has been suspended or revoked for reasons other than 42 CFR 483.151(b)(2)(i - v), or 42 CFR 484.36(a)(2)(A-G), the program sponsor has the right to submit a written appeal of the action and request for a hearing within 10 days after notification of the decision to deny, revoke, or suspend approval.



## Course Outline

Each course consists of a combination of classroom and supervised clinical instruction by a qualified registered nurse instructor. There are no maximum hours of training.

Please provide the following additional information regarding the course.

Required Primary Text (Instructor text): All course instructors must use the appropriate Kansas Curriculum Guidelines as the primary teaching text. An analysis of the course contents and approval of the course is granted based upon the modules of instruction. State examination questions are drawn directly from these curriculum guidelines. These guidelines must be retained by the instructor or training facility.

Secondary Text (Student text): The student text/workbook is optional in Kansas. If the instructor uses a student text, please note here the author/s, title, edition, and publisher.

Educational Objectives: Briefly list 3-5 measurable outcomes. Educational beliefs and goals should incorporate adult learning principles.

Methods of Instruction: Briefly list the primary methods of instruction. In most cases, there will be lecture, instructor demonstration, and return demonstration by student.

Methods of Student Evaluation: Briefly describe your course policies regarding:

1. Student attendance requirements: Each instructor should identify in writing the attendance requirements (classroom and clinical) for the course. Class attendance policies should be presented in written format to all students.

a. Classroom:

b. Clinical:

c. Make-up:

2. Cheating

3. Student grading and evaluation methods: Each instructor should identify in writing the course evaluation methods. If a grading scale is used, it should be provided in written format to all students. Attach a copy of a syllabus if used.

Methods of Program Evaluation: Briefly describe the methods in which the student is able to evaluate the training sponsor's performance. Submit a sample evaluation form that includes the following information:

1. Program evaluation

- classes/clinical began on time
- training sponsor provided written information regarding policies
  - a. student performance expectations
  - b. prerequisites/cancellations/refunds
  - c. placement services

2. Instructor evaluation

- a. instructor presented course material in a timely, professional manner
- b. instructor met educational learning objectives described in course
- c. instructor readily available to students in classroom/clinical areas

## APPENDIX II

### KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT HEALTH OCCUPATIONS CREDENTIALING Instructor Responsibilities Agreement Form

1. Secure and maintain proper credentials as an approved instructor with the department. You will be issued a six digit Instructor Identification number if your licensure is in good standing with the state Board of Nursing and the department. If your license does not remain in good standing throughout the sponsorship period, the department must be notified. A **separate instructor approval** must be obtained for CNA, HHA and CMA courses.
2. Assure that the current state Curriculum Guidelines, Instructor Manual and regulations for each type of course being taught are followed. Audit procedures will be used by the department to assure that the appropriate course content is being delivered.
3. Design and submit to the program coordinator a detailed teaching schedule for each course to assure compliance with state and federal required training content. The detailed schedule may be requested of the sponsor by the department to facilitate a site visit.
4. Be on site and easily accessible to students during the hours of classroom and clinical instruction. If the approved instructor is a full-time staff member in the designated adult care home or hospital long term care facility where the course is to be taught, other staff must be designated to assume the instructor's regular staff duties during clinical hours.
5. Agree to not exceed the standard ratio as used by the Kansas State Board of Nursing of 10 students per instructor in a supervised clinical setting. [**Note:** The Kansas Medication Aide Sponsor and Instructor Manual states on page 3 that the department requires no more than 6 students per one instructor in the clinical setting.] Team instruction will be allowed to effectively manage a larger class in a clinical setting, provided that all instructors meet the appropriate requirements for the type of course they are teaching. All instructors must be listed on the course application and have other staff designated to assume their regular staff duties during clinical hours.
6. Provide to each student the original signed and dated task checklist upon successful demonstration of all tasks and a Paid Nutrition Assistant certificate of completion. Copies of the competency skills checklist should be retained by the instructor. The checklists for each course are as follows: CNA - Task Checklist, HHA - Final Checklist, CMA - Medication Aide Clinical Evaluation.
7. Send roster of names and social security numbers and special accommodations requests of eligible CNA and HHA candidates to the testing site, including any applicable fees at the completion of the course. Send roster of names of CNA and HHA students, copy of social security cards, certification application forms and certification fees to HOC first week of class. Rosters and certification fees for the 75-Hour CMA course should be sent after all students have taken the exam at the sponsoring school. For students who have successfully completed the CMA continuing education course, submit the Medication Aide Continuing Education Instructor Roster and Renewal Application forms with the non-refundable fee to HOC.
8. Distribute the Approval to Test Letter to each student who successfully completes the course requirements. Notify the department prior to the exam date of students who do not complete the course.

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Instructor Signature

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Date

\*\*\* SPONSOR MUST KEEP THIS FORM: DO NOT SEND TO THE DEPARTMENT \*\*\*

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
HEALTH OCCUPATIONS CREDENTIALING  
www.kdheks.gov/hoc

## Course Information Sheet

Course Delivery Method: ☐ Regular Classroom ☐ On-Line ☐ Distance Learning Technology

Course Type (check one):

☐ 2008 90-Hour CNA ☐ OTA/PTA Bridge ☐ 75-Hour CMA ☐ CMA Update  
☐ CNA Refresher Course ☐ 30-Hour Bridge ☐ 20-Hour HHA

*Print or Type* (Please list additional instructors and/or training sites on back.)

■ Primary Instructor Name: \_\_\_\_\_

■ Instructor ID# \_\_\_\_\_ KS RN Licensure Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

■ Sponsor Name: \_\_\_\_\_ Facility/School ID # \_\_\_\_\_

■ Address: \_\_\_\_\_  
Street City Zip

■ Classroom: \_\_\_\_\_

■ Address: \_\_\_\_\_  
Street City Zip

■ Clinical: \_\_\_\_\_ Facility ID # \_\_\_\_\_

■ Address: \_\_\_\_\_  
Street City Zip

Course Begins \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Ends \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Days &amp; Times \_\_\_\_\_

I hereby attest that the information supplied above is accurate and complete. I have verified that the clinical facility does not have a ban on training and that the instructor is approved for the type of course and has current licensure.

\_\_\_\_\_  
Coordinator Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Instructor Signature\_\_\_\_\_  
Date

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**DEPARTMENT USE ONLY**Clinical Site Approved ☐ Yes ☐ No \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Approval Number \_\_\_\_\_

## ADDITIONAL INFORMATION

Is this course a Distance Learning Network, Interactive Network or similar type course? ☐ Yes ☐ No

Please list additional instructors, classroom and clinical sites here.

■ **Instructor Name** \_\_\_\_\_ Instructor's ID# \_\_\_\_\_

■ **KS RN License #** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **KS RN Licensure Expiration Date** \_\_\_\_\_

■ **Current Address:** \_\_\_\_\_

Street City Zip  
Current Phone # ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

■ **Instructor Name** \_\_\_\_\_ Instructor's ID# \_\_\_\_\_

■ **KS RN License #** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **KS RN Licensure Expiration Date** \_\_\_\_\_

■ **Current Address:** \_\_\_\_\_

Street City Zip  
Current Phone # ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

■ **Instructor Name** \_\_\_\_\_ Instructor's ID# \_\_\_\_\_

■ **KS RN License #** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **KS RN Licensure Expiration Date** \_\_\_\_\_

■ **Current Address:** \_\_\_\_\_

Street City Zip  
Current Phone # ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

■ **Classroom Site** \_\_\_\_\_ ■ **KS Facility ID#** \_\_\_\_\_

■ **Address** \_\_\_\_\_

Street and/or PO Box City State Zip

■ **Classroom Site** \_\_\_\_\_ ■ **KS Facility ID#** \_\_\_\_\_

■ **Address** \_\_\_\_\_

Street and/or PO Box City State Zip

■ **Clinical Site** \_\_\_\_\_ ■ **KS Facility ID#** \_\_\_\_\_

■ **Address** \_\_\_\_\_

Street and/or PO Box City State Zip

■ **Clinical Site** \_\_\_\_\_ ■ **KS Facility ID#** \_\_\_\_\_

■ **Address** \_\_\_\_\_

Street and/or PO Box City State Zip

■ **Clinical Site** \_\_\_\_\_ ■ **KS Facility ID#** \_\_\_\_\_

■ **Address** \_\_\_\_\_

Street and/or PO Box City State Zip

Health Occupations Credentialing  
1000 SW Jackson, Suite  
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Phone number: (785) 295-6796  
Fax number: (785) 296-3075  
Web site: [www.kdheks.gov/hoc](http://www.kdheks.gov/hoc)

Sponsorship Number: \_\_\_\_\_

APPENDIX IV

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
HEALTH OCCUPATIONS CREDENTIALING

Sponsorship Report

*Print or Type*

■ Sponsor Name: \_\_\_\_\_

■ Address: \_\_\_\_\_  
Street City Zip

■ Coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_

■ Report Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Course # \_\_\_\_\_ Course Type \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor # \_\_\_\_\_

Please answer the following questions.

1. Number of students enrolled for each course during sponsorship period:

90-Hour CNA	_____
CNA Refresher	_____
20-Hour HHA	_____
75-Hour CMA	_____
CMA Update	_____

2. Number of students that completed each course during sponsorship period:

90-Hour CNA	_____
CNA Refresher	_____
20-Hour HHA	_____
75-Hour CMA	_____
CMA Update	_____

3. Course Pass rate during sponsorship period (pass rate is the number of students that passed the course divided by the number of total students during the period):

90-Hour CNA	_____
CNA Refresher	_____
20-Hour HHA	_____
75-Hour CMA	_____
CMA Update	_____

4. Skills Checklist pass rate during sponsorship period:

90-Hour CNA	_____
75-Hour CMA	_____

5. Certification Exam Pass rate during sponsorship period:

90-Hour CNA	_____
20-Hour HHA	_____
75-Hour CMA	_____

I do hereby attest that the information in this form and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments.

\_\_\_\_\_  
Coordinator signature

\_\_\_\_\_  
Date

Please attach copies of visit logs.

APPENDIX V  
COORDINATOR VISIT LOG

Date:\_\_\_\_\_ Instructor:\_\_\_\_\_

Course Type:\_\_\_\_\_ Location:\_\_\_\_\_

Topic observed:\_\_\_\_\_

Comments/Problems:\_\_\_\_\_

\_\_\_\_\_

Solution/Outcome:\_\_\_\_\_

\_\_\_\_\_

Follow-Up necessary?\_\_\_\_\_ If so, when?\_\_\_\_\_

Date:\_\_\_\_\_ Instructor:\_\_\_\_\_

Course Type:\_\_\_\_\_ Location:\_\_\_\_\_

Topic observed:\_\_\_\_\_

Comments/Problems:\_\_\_\_\_

\_\_\_\_\_

Solution/Outcome:\_\_\_\_\_

\_\_\_\_\_

Follow-Up necessary?\_\_\_\_\_ If so, when?\_\_\_\_\_

Date:\_\_\_\_\_ Instructor:\_\_\_\_\_

Course Type:\_\_\_\_\_ Location:\_\_\_\_\_

Topic observed:\_\_\_\_\_

Comments/Problems:\_\_\_\_\_

\_\_\_\_\_

Solution/Outcome:\_\_\_\_\_

\_\_\_\_\_

Follow-Up necessary?\_\_\_\_\_ If so, when?\_\_\_\_\_

## APPENDIX VI

### Withdrawal of Training

Training can be withdrawn at a nursing facility for the following reasons under 42 CFR 483.151(b)(2)(i-v):

Facility has

- ▶ had a staffing waiver because they could not provide nursing care required under section 1919(b)(4)(C)(i) of the Social Security Act for a period in excess of 48 hours per week;
- ▶ had an extended or partial extended survey;
- ▶ been assessed a civil money penalty of at least \$5,000;
- ▶ had a temporary manager remedy imposed; or
- ▶ been closed and/or had residents transferred to another facility.

Training may be withdrawn at a home health agency for the following reasons under 42 CFR 484.36(a)(2)(A-G):

Agency

- ▶ does not comply with the home health aide training and competency evaluation and in-service training requirements under 42 CFR 484.36(a)(2);
- ▶ employs an individual who does not meet the federal definition of home health aide (484.4) to furnish home health services (with the exception of licensed health professionals and volunteers);
- ▶ has had an extended or partial extended survey as a result of having furnished substandard care;
- ▶ has been assessed a civil money penalty of at least \$5,000;
- ▶ has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients and has had a temporary manager appointed to oversee the management of the home health agency;
- ▶ has had all or part of its Medicare payments suspended; or
- ▶ was closed or had its residents transferred by the state.